



Health Services LOS ANGELES COUNTY

February 8, 2016

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY REPORT

Mitchell H. Katz, M.D.
Director

Hai F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategy and Operations

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health (HFH) permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance use disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community-based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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QUARTERLY REPORT

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

Attachment

cc: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

HOUSING — FOR — HEALTH

Quarterly Report October-December 2015



Health Services
LOS ANGELES COUNTY

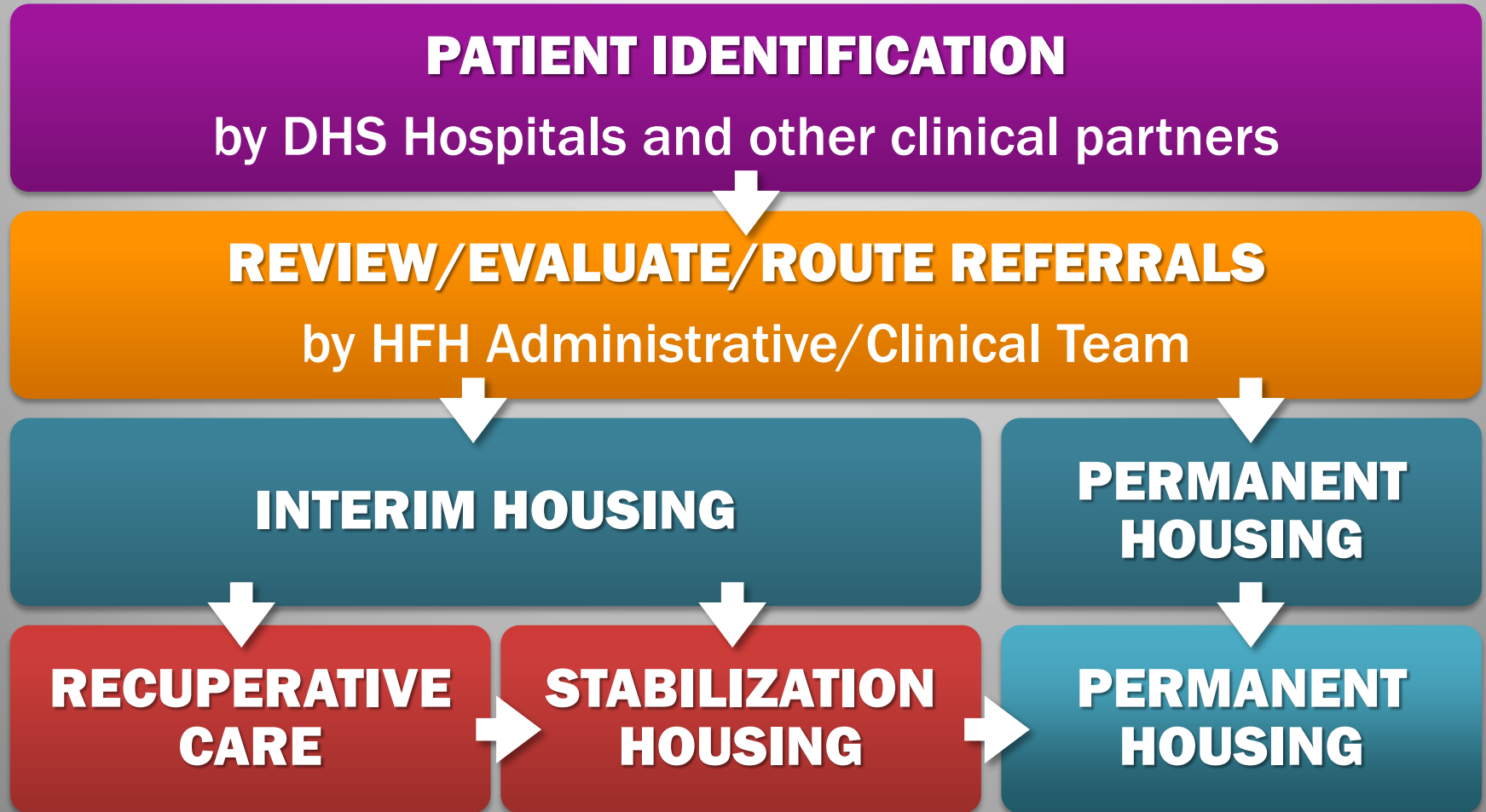
GOALS

- 1. Create 10,000 units of housing**
- 2. End homelessness in LA County**
- 3. Reduce inappropriate use of expensive health care resources**
- 4. Improve health outcomes for vulnerable populations.**

CLIENTS HOUSED

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and are high utilizers of DHS services.

HFH CLIENT PROCESS

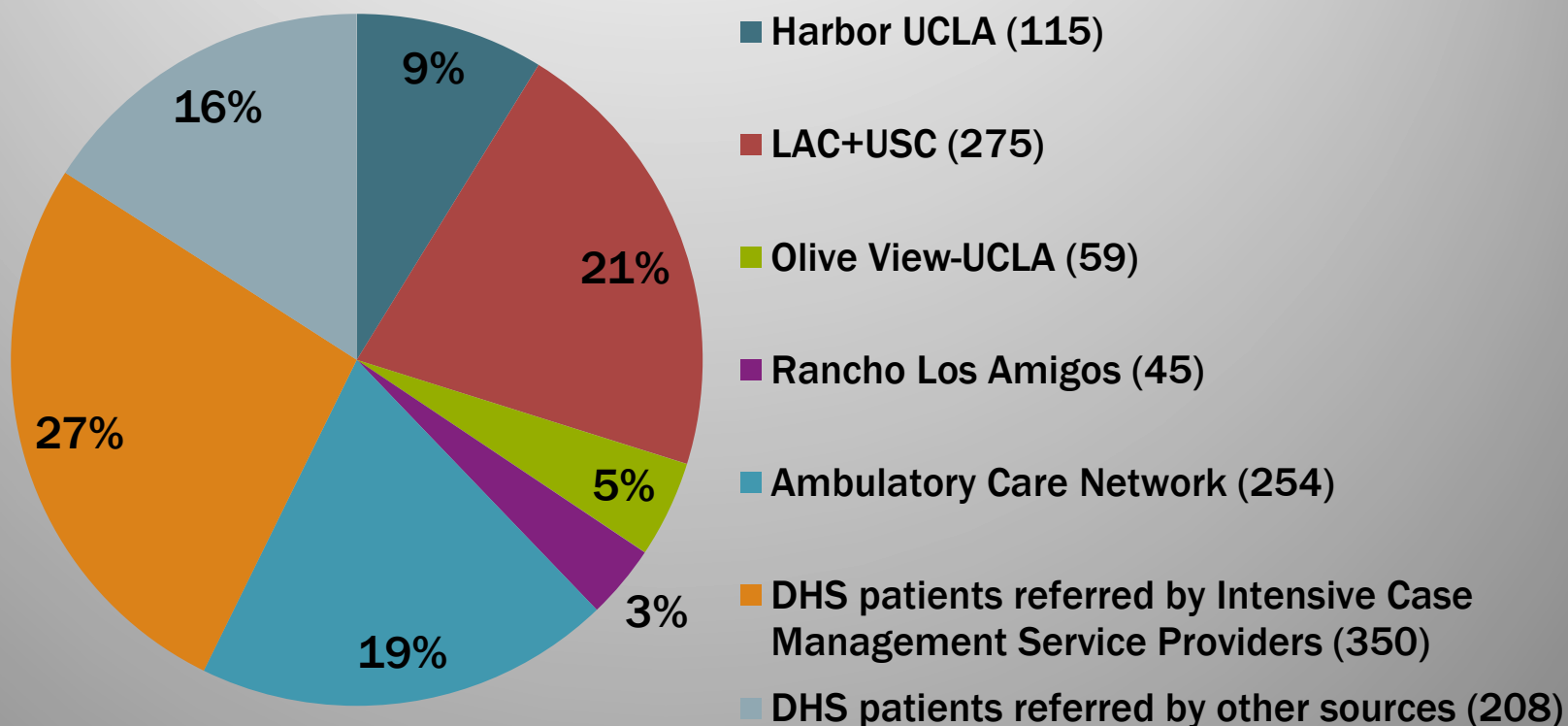


Permanent Supportive Housing Quarterly and Program-to-Date Outcomes

| | |
|--|------|
| Total # of patients who have attained housing since HFH began in November 2012 | 1306 |
| Total # of patients who are currently housed | 1197 |
| Total # of patients housed October-December 2015 | 198 |

WHERE DO HFH REFERRALS COME FROM?

Referral Source of Clients Housed (N=1306)



HEALTH CONDITIONS OF CLIENTS HOUSED

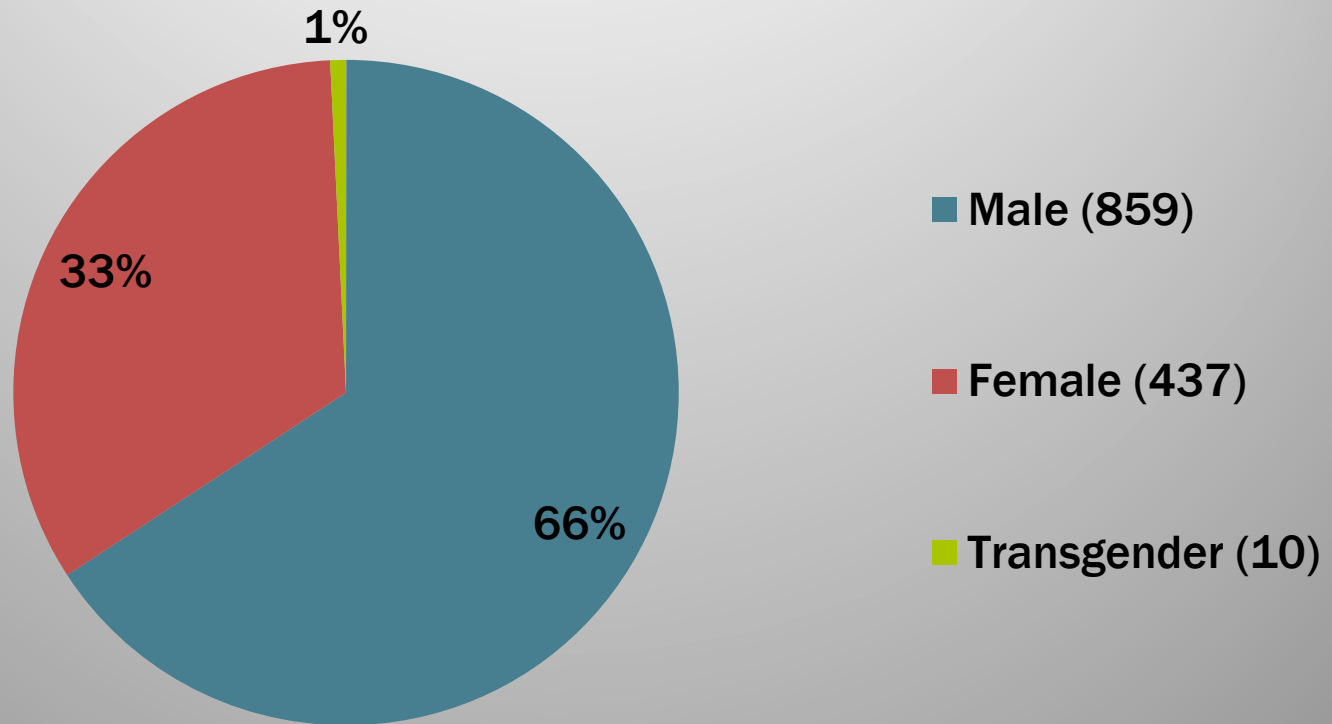
MOST COMMON CONDITIONS:

- Hypertension
- Diabetes
- Asthma
- Heart disease
- Congestive heart failure
- Cancer
- HIV/AIDS
- Hepatitis
- Depression
- Bipolar disorder
- PTSD
- Schizophrenia

Most HFH clients have **MULTIPLE CHRONIC HEALTH CONDITIONS**

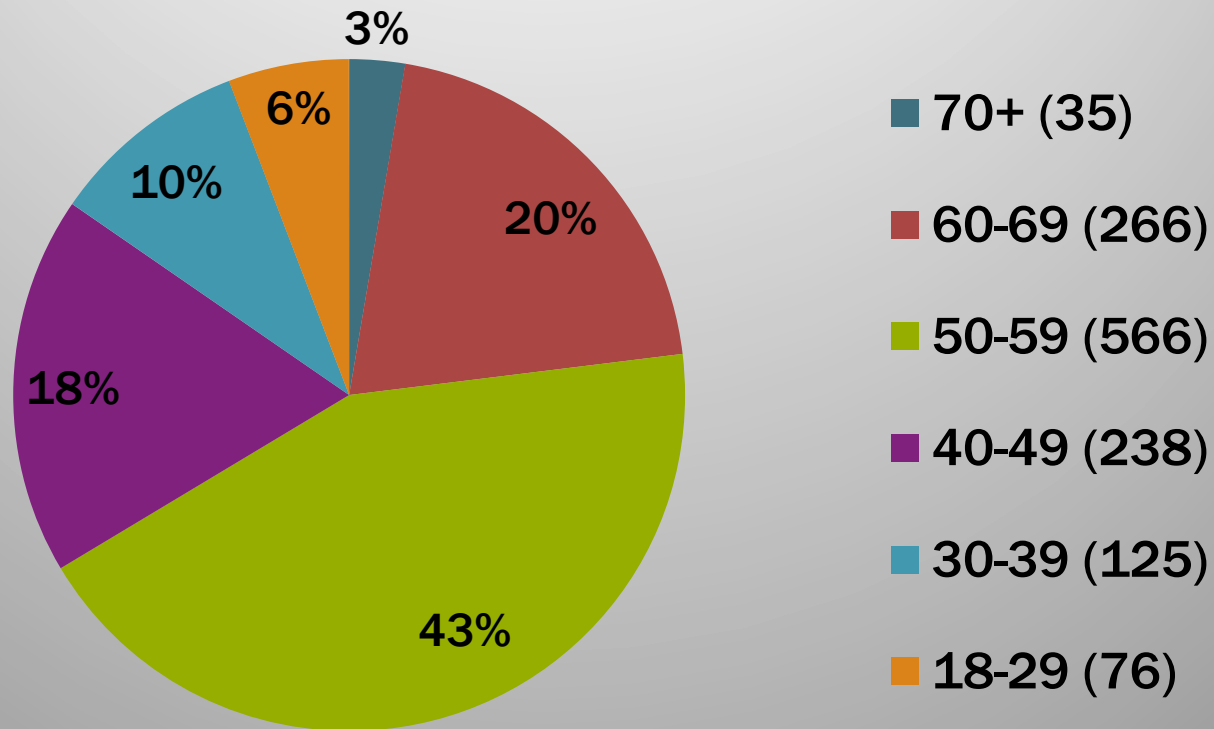
DEMOGRAPHICS OF CLIENTS HOUSED

Gender of Clients Housed (N=1306)



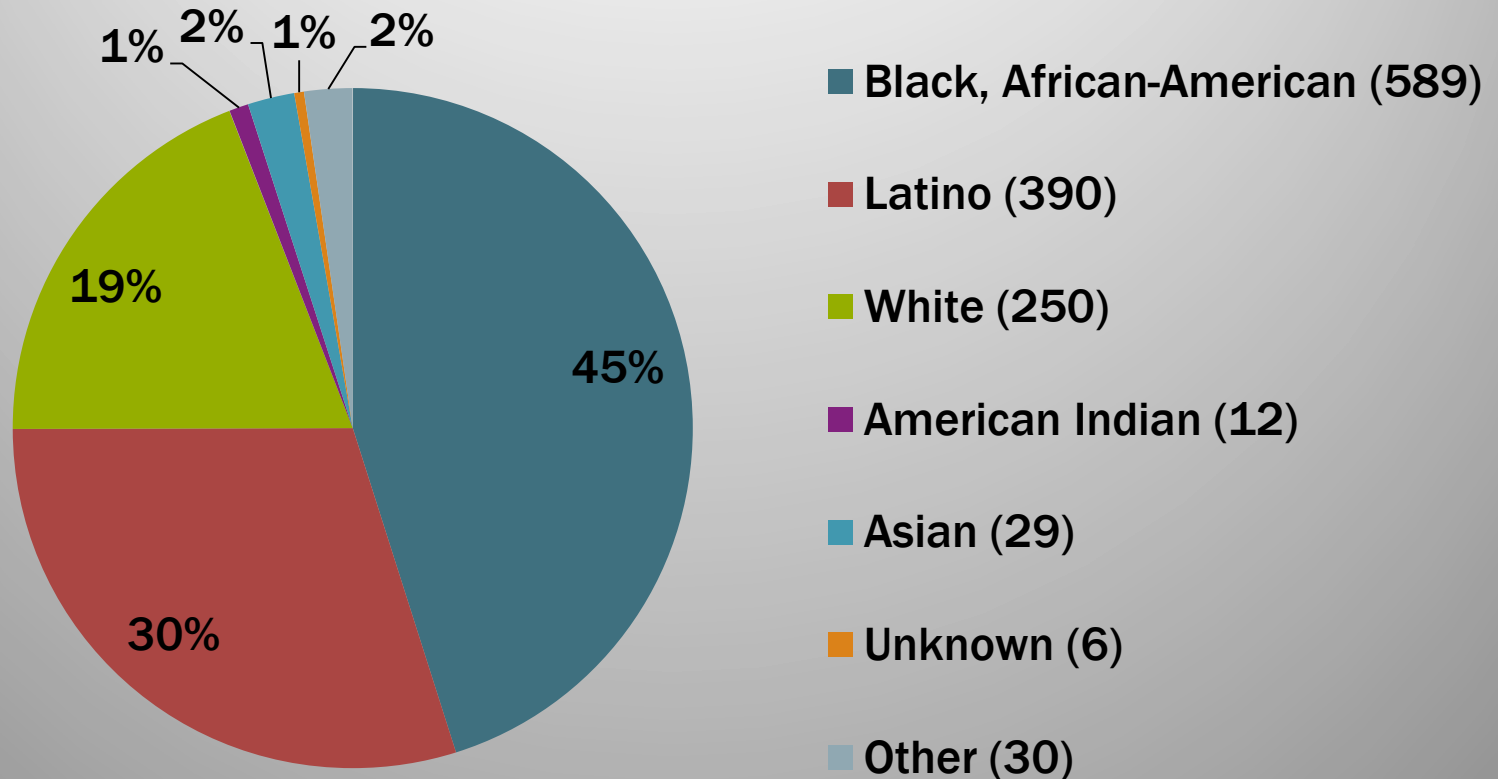
DEMOGRAPHICS OF CLIENTS HOUSED

Age of Clients Housed (N=1306)



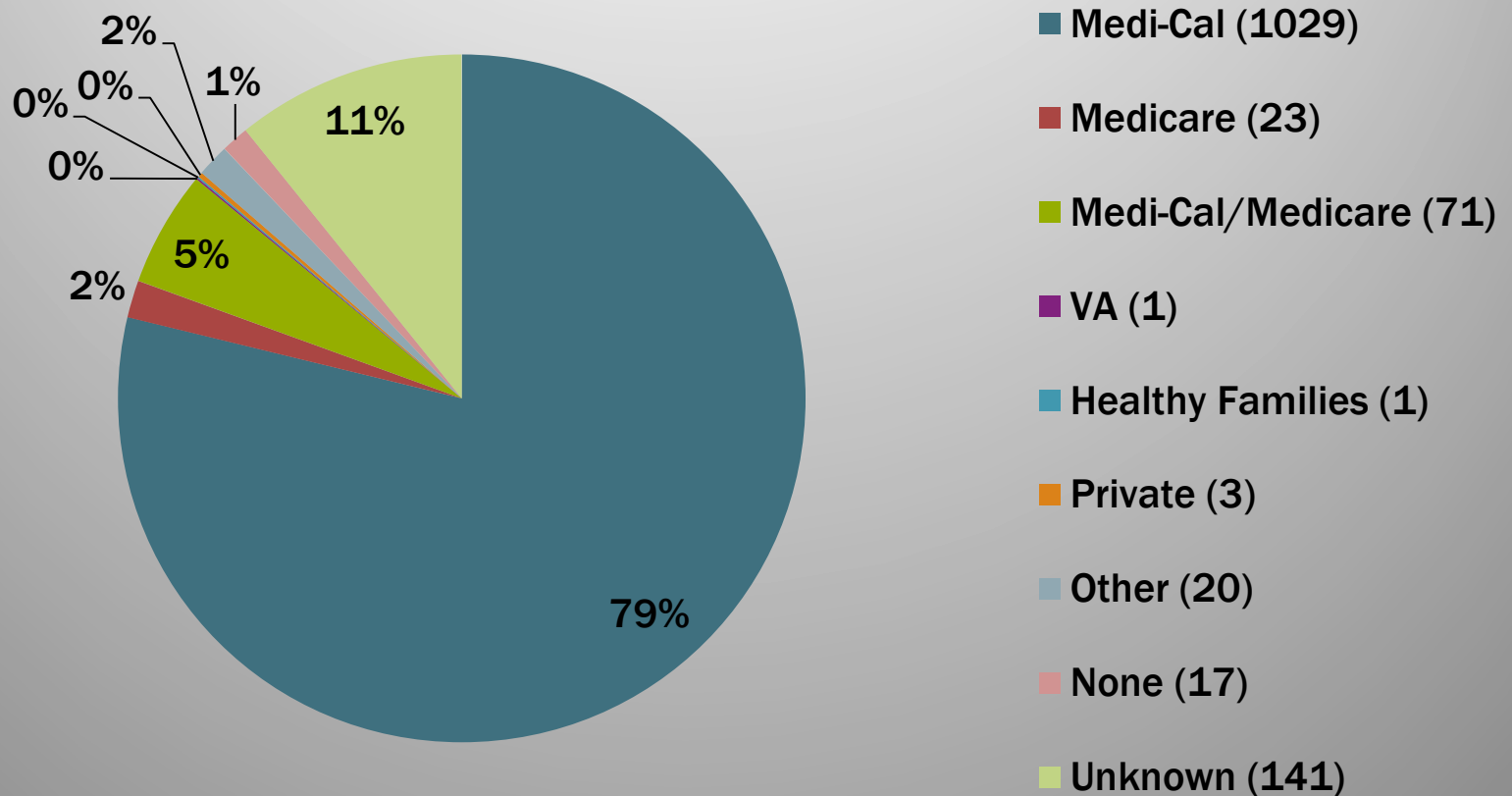
DEMOGRAPHICS OF CLIENTS HOUSED

Race/Ethnicity of Clients Housed (N=1306)



CLIENT HEALTH INSURANCE

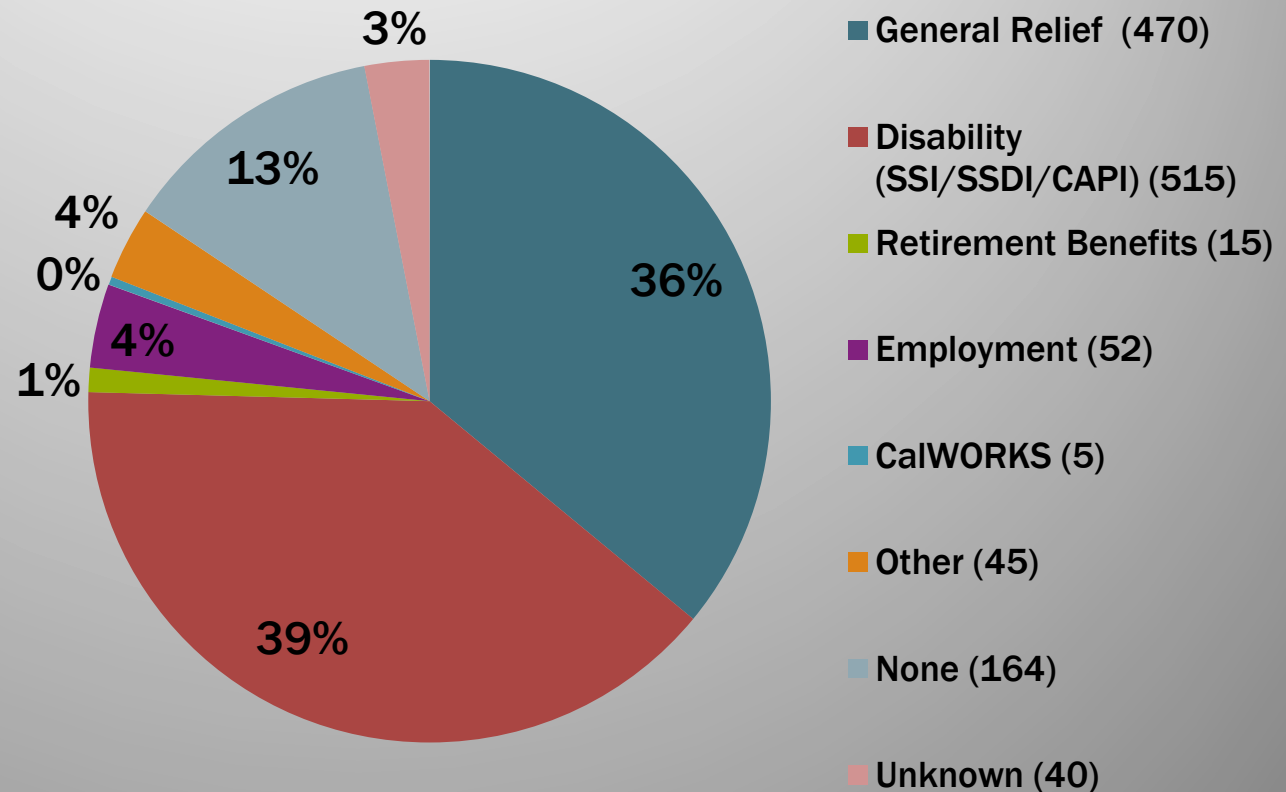
Health Insurance Type for Clients Currently Housed
(N=1306)



CLIENT INCOME

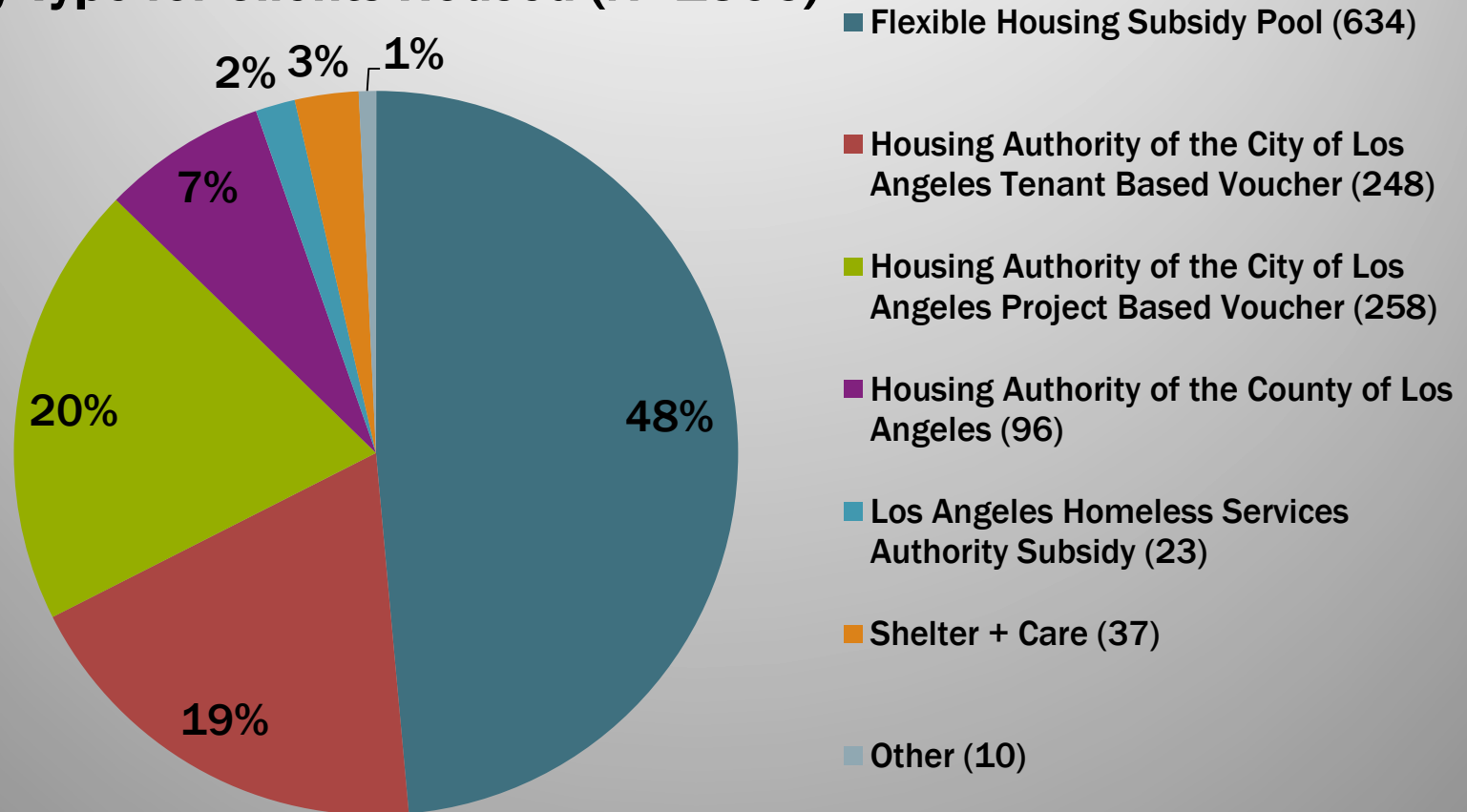
- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

Income of Clients Housed (N=1306)



TYPE OF HOUSING SUBSIDY

Subsidy Type for Clients Housed (N=1306)



INTENSIVE CASE MANAGEMENT

- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder services.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.

HOUSING STATUS AND RETENTION

Homeless Status

- The average length of time that patients experienced homelessness was 4 years and 2 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (84%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

Housing retention rate

- 97% of tenants retained housing (remained in unit or exited to other permanent housing) after 12 months.

Exits from housing this quarter

- Twenty-eight (28) patients exited housing this quarter. Thirteen (13) passed away, one (1) was incarcerated, seven (7) voluntarily surrendered their unit, two (2) abandoned their unit, one (1) was evicted and four (4) moved to another independent living situation or moved in with friends.

EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION

- **DHS Housing for Health (HFH) coordinates the Single Adult Model (SAM) program, a collaboration between DHS, DPH, DMH, DPSS, and the CDC to provide housing to high utilizing homeless GR recipients. A goal of the program is to identify opportunities for increased collaboration in the provision of services and benefits to homeless individuals across the County.**
- **DMH has an ongoing investment in the FHSP in order to provide supportive housing and move-in assistance to DMH clients.**
- **HFH collaborates with DMH to establish a process for enhanced referrals and linkages between the Star Clinic and DMH service providers for care coordination between DHS and DMH clinicians for clients receiving services from both departments.**

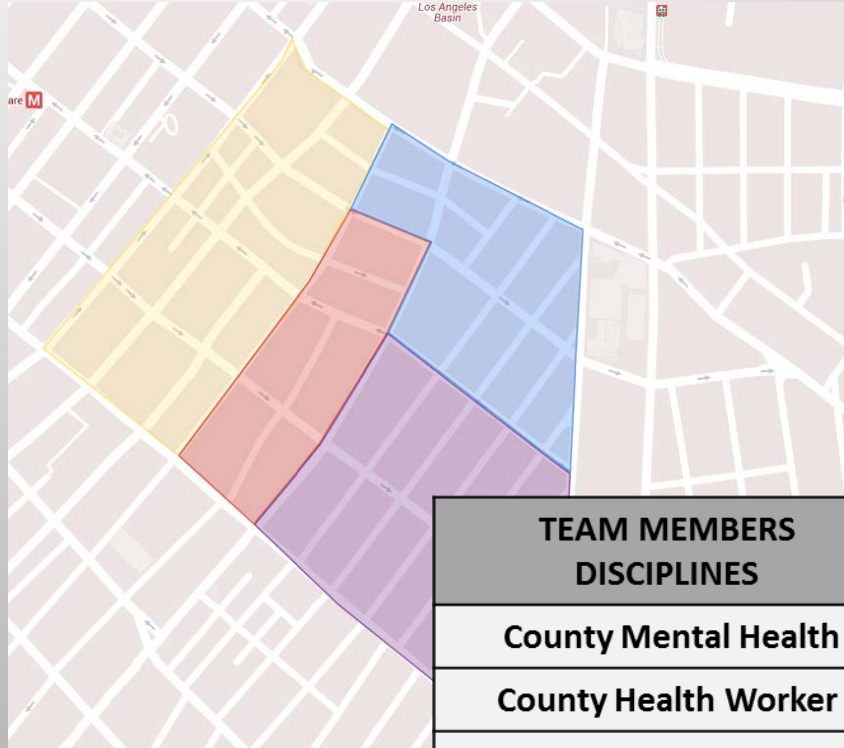
EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION

HFH leads or supports the following diversion and reentry related efforts:

- **Breaking Barriers**-a partnership with the Probation Department to provide rapid rehousing and employment services to homeless probationers
- **MIST**-an effort to provide supportive housing as an alternative to custody for homeless inmates who are charged with a misdemeanor and deemed incompetent to stand trial
- **Sheriff's Department Pilot**-a pilot program to provide jail in-reach and permanent supportive housing to homeless inmates who have a physical and/or behavioral health condition.
- **Board and Care for AB109 probationers**-an initiative to provide board and care housing for medically fragile homeless AB109 probationers

EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION

- In December, HFH launched C3, or County + City + Community, the Skid Row street-based outreach and engagement team
- Four multidisciplinary teams (with staff from DHS, DMH, DPH, and LAHSA) will be providing outreach and engagement to each quadrant of Skid Row five days a week
- The goal of C3 is to reduce street homelessness in the area by 25% each year for the next four years



| TEAM MEMBERS DISCIPLINES | STAFF |
|-----------------------------|-------------------------|
| County Mental Health | 1 Staff |
| County Health Worker | 1 Staff |
| County Substance Abuse | 1 Staff |
| LAHSA ERT | 1 Staff |
| AmeriCorps Members | 2 Staff |
| TOTAL | 6 staff per Team |

PERMANENT SUPPORTIVE HOUSING FUNDING

- The sources of funds for the Property Related Tenant Services (PRTS) FHSP work order is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$9.3 million.
- The source of funds for contracted Intensive Case Management Services (ICMS) in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS in permanent supportive housing in Fiscal Year 2015-16 is \$7.9 million.
- The source of funds for the Property Related Tenant Services (PRTS) work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$200,000.

FLEXIBLE HOUSING SUBSIDY POOL



FHSP PARTNERS



Los Angeles County
Dept. of Health
Services



503(c) nonprofit
coordinating community-
based partner



Property owners
throughout Los
Angeles County



LADHS Supportive
Housing Rental
Subsidy Program

FHSP Quarterly and Program-to-Date Outcomes

| | |
|--------------------------------------|-----|
| Move-ins October-December 2015 | 97 |
| Total move-ins to date | 634 |
| Units secured* October-December 2015 | 112 |
| Total units secured* to date | 681 |

***Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units. Units will be made available to DHS patients as well as other participants of the FHSP.**

CHARACTERISTICS OF FHSP HOUSING UNITS

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional **112** units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the **112** units, **33** are studios, **71** are one-bedrooms, **1** is a three-bedroom, **1** is a four-bedroom and **6** are rooms in Residential Care Facilities.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.

FEATURED HOUSING SITE AND PATIENT STORY



Health Services
LOS ANGELES COUNTY

THE SIX

Starting in World War II, soldiers would tell each other, “I got your six” as a way to say “I’ve got your back.” Whereas your twelve is right in front of you, your six is directly behind you and your most vulnerable spot.

The Six Apartments opened on September 11, 2015 with 52 units, offices for case management and social services as well as multiple therapeutic and rehabilitative spaces. The courtyard, rooftop garden and community space serve as social hubs.

True to its name, the building offers help to its residents at their most vulnerable and offers them housing and support when they need it the most.

Located in the Westlake neighborhood near MacArthur Park, the Skid Row Housing Trust-developed building was designed by Brooks + Scarpa Architects.



FEATURED CLIENT SUCCESS STORY

Living with end-stage renal disease, severe scoliosis of the spine, hypertension and muscular atrophy allowed Miguel* to stay at a medical facility, but he could not leave his blind mother behind on the streets alone. For months, Gloria* slept under her son's hospital bed and hid in a small closet in his room until they were referred to Housing for Health.

The mother and son had been living in El Monte until Miguel's health deteriorated to the point he could no longer work and support the family. They lost their home and were on the streets for more than a year before their time at the medical facility.

Their health and homelessness left them feeling very vulnerable and wary to the prospect of receiving assistance. When they were offered Intensive Case Management Services from GettLOVE, they would whisper to each other before answering basic assessment questions. When GettLOVE's Program Manager Keegan Hornbeck informed them that their new home would be supplied with new furniture, the family was skeptical and continued to spend almost all of their money on a storage unit that housed the only things they owned.

Finding the family housing was a unique challenge for the GettLOVE team. The ideal unit would have to be completely accessible for Miguel's wheelchair and have an open and easily-navigated layout for Gloria's needs. The team found that locating a unit – even on the ground floor—that does not require someone to climb at least a few stairs is incredibly rare. Over the course of months, GettLOVE's Housing Specialist reached out to property owners and advocated for the family until they found their home.

The large ground-level unit has dual entries that allow wheelchair access and have a handrail for Gloria. The unit has its own washer and dryer, meaning the family would not have to transport their clothing to and from a laundromat. GettLOVE provided assistance with the family's move – including emptying out their storage unit.

At the medical facility, Miguel would share his diet-specific meals with his mother at the expense of receiving the nutrients he needed for his disease. Now, in their own kitchen, they are able to plan and prepare their own meals. They have both reported greater adherence to their medical treatment due to having stable housing. Laughter has replaced their quiet whispers. When handed the keys, to their new home, Gloria stated, "I don't know if this is just a really good dream or if I have been having a nightmare for the last five years and I am just now waking up".

*Names have been changed